| | | DUGUIII | | |
|---|--------------------------|------------------|-----------------|--------------------------------------|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Gina M. Caroman | 0 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT | OF PENNSYLVANIA | |
| Case number | 16-23834 GLT | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets of what you own |
|-----|--|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 28,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 2,840.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 30,840.0 |
| Par | 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 33,616.65 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 11,469.00 |
| | Your total liabilities | \$ | 45,085.65 |
| Par | 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,211.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,660.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | nedules. |
| | ■ Yes | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

Page 2 of 42 Case number (if known) 16-23834 GLT Debtor 1 Gina M. Caromano

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,232.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Case 1 | L6-23834-G | LT Doc 16 | | led 11 cumer | ./07/16 ot Da | Enterec age 3 of 4 | | /16 11 | :30:22 | De | sc Main |
|-----------------------|---|---|--|--------------------------|---------------------|------------------------------|--------------------------------------|----------------------------|---|--|--------|---|
| Fill | in this inform | ation to identify | your case and th | | | | iue 3 01 4 | | | | | |
| Deb | tor 1 | Gina M. Care | omano | | | | | | | | | |
| | _ | First Name | Middle | e Name | | Last | Name | | | | | |
| | tor 2 use, if filing) | First Name | Middle | e Name | | Last | Name | | | | | |
| Unit | ed States Ban | kruptcy Court for | the: WESTERN | I DISTR | ICT OF F | PENNSYL | /ANIA | | | | | |
| Cas | e number 1 | 6-23834 GLT | | | | | | | | | | Check if this is an |
| | | | | | | | | | | | | amended filing |
| _ | | m 106A/E A/B: P i | _ | | | | | | | | | 12/15 |
| nink nfori insw | it fits best. Be mation. If more ver every questi | as complete and a space is needed, ion. | accurate as possibl attach a separate s | le. If two heet to tl | married pairs form. | people are f On the top o | iling together, l of any addition | both are ed al pages, v | qually resp | onsible for su | ıpply | |
| Part | 1E Describe E | ach Residence, B | uilding, Land, or Ot | her Real | Estate Y | ou Own or F | lave an Interes | st In | | | | |
| . Do | you own or ha | ave any legal or eq | uitable interest in a | any resid | ence, bui | ilding, land, | or similar prop | perty? | | | | |
| | No. Go to Part | 2. | | | | | | | | | | |
| | Yes. Where is | the property? | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1.1 | | | | \A/b.a4 | ia tha mu | amantus 2 Obs | -1 | | | | | |
| 1.1 | 12 Brooke | Street | | vviiai | - | amily home | ck all that apply | | Do not dod | uot accurad ak | oimo . | or exemptions. But |
| | Street address, if | available, or other des | cription | | _ | or multi-unit l | building | | the amount | educt secured claims or exemptions. Put int of any secured claims on Schedule D: | | |
| | | | | | Condon | ninium or coc | perative | | Creditors Who Have Claims Secured by Pr | | | ecured by Property. |
| | | | | _ | Manufac | ctured or mo | hile home | | | | | |
| | Uniontown | PA | 15401-0000 | | Land | 314134 31 1113 | | | Current va entire prop | | | rrent value of the rtion you own? |
| | City | State | ZIP Code | | Investm | ent property | | | | 28,000.00 | | \$28,000.00 |
| | | | | | Timesha Other | are | | | | | | ownership interest by the entireties, or |
| | | | | Who | | | property? Che | eck one | | e), if known. | | |
| | Fayette | | | | Debtor 1 | • | | - | Fee sim | pie | | |
| | County | | | | | z only 1 and Debtor | 2 only | | | | | |
| | | | | | | | ebtors and anot | her | | t if this is com structions) | nmun | ity property |
| | | | | | r informa | | h to add about | | such as lo | cal | | |
| | | | | | idence, | | | ow on sn | nall city l | ot. Purcha | ased | l for \$25,750 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for

page 1 Official Form 106A/B Schedule A/B: Property

Part 2: Describe Your Vehicles

\$28,000.00

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Case number (if known) 16-23834 GLT Document Debtor 1 Gina M. Caromano 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Saturn Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: L 100 Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2002 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 174,579 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another Title is unencumbered. \$700.00 \$700.00 Location: 12 Brooke Street, ☐ Check if this is community property (see instructions) Uniontown PA 15401 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$700.00 pages you have attached for Part 2. Write that number here.......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... 5 rooms of furniture, household goods, appliances, including a fully equipped kitchen, living room 2 bedrooms and a laundry room w/stove, refrigerator, microwave, washer and dryer, all of minimal value, with no one item exceeding the limit. \$1,000.00 Location: 12 Brooke Street, Uniontown PA 15401 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... 3 TV's and a VCR. \$200.00 Location: 12 Brooke Street, Uniontown PA 15401 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections;

other collections, memorabilia, collectibles

☐ No

Yes. Describe.....

Children's books, DVDs, family & decorative pictures and toys Location: 12 Brooke Street, Uniontown PA 15401

\$100.00

Case 16-23834-GLT Doc 16 Filed 11/07/16 Entered 11/07/16 11:30:22 Desc Main Page 5 of 42 Document Case number (if known) 16-23834 GLT Debtor 1 Gina M. Caromano 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... Clothing, of minimal value \$400.00 Location: 12 Brooke Street, Uniontown PA 15401 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,700.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes.....

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

Checking account

No

☐ Yes...... Institution or issuer name:

17.1.

Woodforest Bank

\$10.00

Case 16-23834-GLT Doc 16 Filed 11/07/16 Entered 11/07/16 11:30:22 Document

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Case number (if known) 16-23834 GLT Debtor 1 Gina M. Caromano 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Institution name: Type of account: **Pension Washington Hospital** Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement □ No Yes. Give specific information.....

Official Form 106A/B Schedule A/B: Property Case 16-23834-GLT Doc 16 Filed 11/07/16 Entered 11/07/16 11:30:22

Document Page 7 of 42 Case number (if known) 16-23834 GLT Debtor 1 Gina M. Caromano Monthly award \$430.00 **Child Support** 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$440.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

■ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

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Case number (if known) 16-23834 GLT Document Debtor 1 Gina M. Caromano

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

63. Total of all property on Schedule A/B. Add line 55 + line 62

 $\hfill \square$ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

\$30,840.00

| Part | 8: List the Totals of Each Part of this Form | | | |
|------|---|------------|------------------------------|-------------|
| 55. | Part 1: Total real estate, line 2 | | | \$28,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$700.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,700.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$440.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$2,840.00 | Copy personal property total | \$2,840.00 |

Official Form 106A/B Schedule A/B: Property page 6

| | | DOMESTIC | 210 1 WW. 3 OI 4E | |
|---|--------------------------|--------------------|-------------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Gina M. Caroman | 10 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT C | OF PENNSYLVANIA | |
| Case number | 16-23834 GLT | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|--|

| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | | |
|--|--|--------------------------------------|-----|---|------------------------------------|--|--|--|--|--|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | | |
| | | Copy the value from Schedule A/B | Che | | | | | | | |
| | Residence @ 12 Brooke Street, Uniontown, PA. | \$28,000.00 | | \$3,251.35 | 11 U.S.C. § 522(d)(1) | | | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | 2002 Saturn L 100 @ 12 Brooke Street, Uniontown PA. | \$700.00 | | \$700.00 | 11 U.S.C. § 522(d)(2) | | | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | 5 rooms of furniture, household goods, appliances @ 12 Brooke | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | Street, Uniontown, PA. Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | 3 TV's and a VCR @ 12 Brooke Street, Uniontown PA. | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Childrens books, DVDs, family & decorative pictures and toys @ 12 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) | | | | | |
| | Brooke Street, Uniontown PA. Line from Schedule A/B: 8.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |

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Gina M. Caromano Page 10 of 42

Case number (if known) 16-23834 GLT

| De | BILIA IVI. CATOIIIAIIO | | | | 10-23034 GL1 | |
|----|---|--|---------|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | Clothing @ 12 Brooke Street, Uniontown PA. | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(3) | |
| | Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Checking account: Woodforest Bank Line from Schedule A/B: 17.1 | \$10.00 | | \$10.00 | 11 U.S.C. § 522(d)(5) | |
| | Line nom <i>Schedule Alb</i> . 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Employer-funded pension through Washington Hospital. No access to | Unknown | | 100% | 11 U.S.C. § 522(d)(12) | |
| | funds until retirement. Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Child Support: Monthly award Line from Schedule A/B: 29.1 | \$430.00 | | \$430.00 | 11 U.S.C. § 522(d)(10)(D) | |
| | Line IIIIII Schedule AVB. 25.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 | | | led on or after the date of adjustmer | nt.) | |
| | ■ No | | | | | |
| | ☐ Yes. Did you acquire the property covere | ed by the exemption w | ithin 1 | ,215 days before you filed this case | ? | |
| | □ No | | | | | |
| | П Уде | | | | | |

| | | | Document | Page 11 | L of 42 | | |
|---------|---------------------------|--|---|------------------|------------------------------------|---|-------------------|
| Fill | in this info | rmation to identify yοι | ur case: | | | | |
| Deb | tor 1 | Gina M. Caroma | ano | | | | |
| DCD | 101 1 | First Name | Middle Name | Last Name | | | |
| Deb | tor 2 | | | | | | |
| | use if, filing) | First Name | Middle Name | Last Name | | | |
| Linit | od Statos B | ankruptcy Court for the | : WESTERN DISTRICT OF PEN | INISVI VANIIA | | | |
| Unit | eu Siales d | ankruptcy Court for the | . WESTERN DISTRICT OF FEI | NINGTEVANIA | | | |
| Cas | e number | 16-23834 GLT | | | | | |
| (if kno | own) | | | | | ☐ Check | if this is an |
| | | | | | | ameno | led filing |
| | | | | | | | |
| Offi | cial For | <u>m 106D</u> | | | | | |
| Sc | hedule | D: Creditors | Who Have Claims | Secure | d by Propert | V | 12/15 |
| | | | | | <u> </u> | | |
| | | | If two married people are filing togeth out, number the entries, and attach it | | | | |
| | er (if known | | out, number the entries, and attach it | to tills form. O | in the top of any addition | nai pages, write your nai | ne and ease |
| 1. Do | any credito | rs have claims secured by | y your property? | | | | |
| | □ No. Che | ck this box and submit t | his form to the court with your other | schedules. Y | ou have nothing else t | o report on this form. | |
| | _ | | • | | | | |
| | Yes. Fill | in all of the information | below. | | | | |
| Part | 1: List | All Secured Claims | | | | | 0.1.0 |
| | | | more than one secured claim, list the cre | | | Column B | Column C |
| | | | s a particular claim, list the other creditor ical order according to the creditor's nam | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| muci | 1 as possible | , iist tile ciaims in aiphabeti | ical order according to the creditor 3 harr | ie. | value of collateral. | claim | If any |
| 2.1 | | yette County | | | \$374.65 | ¢20 000 00 | \$374.65 |
| | Municipa Creditor's Na | al Authority | Describe the property that secures | | \$374.05 | \$28,000.00 | \$374.05 |
| | Creditor's Na | me | Residence @ 12 Brooke Str | eet, | | | |
| | 1624 Hn | iversity Drive | Uniontown, PA. | | | | |
| | P.O. Box | | As of the date you file, the claim is: | Check all that | | | |
| | | PA 15431-0368 | apply. | | | | |
| | | et, City, State & Zip Code | ☐ Contingent☐ Unliquidated | | | | |
| | ramber, oue | et, Oity, State & Zip Oode | ☐ Disputed | | | | |
| Who | owes the | debt? Check one. | Nature of lien. Check all that apply. | | | | |
| | ebtor 1 only | | ☐ An agreement you made (such as | mortgage or se | cured | | |
| _ | ebtor 2 only | | car loan) | or.gago or oo | 04.04 | | |
| | • | Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| | | the debtors and another | ☐ Judgment lien from a lawsuit | crianic s nem | | | |
| _ | | claim relates to a | Other (including a right to offset) | Municipal | water service | | |
| | community of | | Other (including a right to offset) | | | | |
| | | | | | | | |
| Date | debt was in | curred <u>2015-2016</u> | Last 4 digits of account num | ber <u>reet</u> | | | |
| | - | | | | | | |
| 2.2 | PNC Mo | | Describe the property that secures | | \$20,955.00 | \$28,000.00 | \$0.00 |
| | Creditor's Na | me | Residence @ 12 Brooke Str | eet, | | | |
| | | | Uniontown, PA. | | | | |
| | 2222 No. | umark Drive | As of the date you file, the claim is: | Check all that | | | |
| | | wmark Drive urg, OH 45342 | apply. | | | | |
| | | | Contingent | | | | |
| | Number, Stre | et, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who | owes the | debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | | OHGUN UHG. | ☐ An agreement you made (such as | mortanaa or aa | ourod | | |
| _ | ebtor 1 only | | car loan) | mortgage or se | cui c u | | |
| | ebtor 2 only | Dahtan O amb | <u> </u> | ala antala l' | | | |
| _ | | Debtor 2 only | Statutory lien (such as tax lien, me | cnanic's lien) | | | |
| | | the debtors and another claim relates to a | Judgment lien from a lawsuit | Mortagas | | | |
| (| HECK IT THIS | Ciaiiii reiates to a | Other (including a right to offset) | Mortgage | | | |

community debt

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| Debto | | | | | Case number (if know) | 16-23834 GLT | |
|------------------|---------------------------------------|--------------------|---|---------------|---------------------------------|----------------------------|-------------------|
| | First Name | Middle Na | ame Last Name | | | | |
| Date d | lebt was incurred | Opened 1/20/05 | Last 4 digits of account numbe | r 0983 | 3 | | |
| | South Union T | ownshin | | | | | |
| / K | Sewage Autho | • | Describe the property that secures the | claim: | \$3,419.00 | \$28,000.00 | \$0.00 |
| | Creditor's Name | | Residence @ 12 Brooke Stree Uniontown, PA. | t, | | | |
| | P.O. Box 2047 | | As of the date you file, the claim is: Ch | eck all that | | | |
| | Uniontown, PA | 15401 | apply. Contingent | | | | |
| _ | Number, Street, City, S | | ☐ Unliquidated | | | | |
| | | · | ☐ Disputed | | | | |
| Who d | owes the debt? C | heck one. | Nature of lien. Check all that apply. | | | | |
| ■ Del | btor 1 only | | ☐ An agreement you made (such as mo | ortgage or s | secured | | |
| ☐ Del | btor 2 only | | car loan) | | | | |
| ☐ De | btor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | |
| ☐ At I | east one of the deb | tors and another | ☐ Judgment lien from a lawsuit | | | | |
| | eck if this claim re ommunity debt | lates to a | Other (including a right to offset) | lunicipa | Il sewage service | | |
| Date d | lebt was incurred | 2010-2016 | Last 4 digits of account numbe | r <u>981</u> | | | |
| 1 7 A 1 | Yablonski, Cos | stello & | | | #0.000.00 | ¢00,000,00 | * F 040 00 |
| | Leckie | | Describe the property that secures the | | \$8,868.00 | \$28,000.00 | \$5,242.00 |
| | Creditor's Name 505 Washingto | on Trust | Residence @ 12 Brooke Stree Uniontown, PA. | t, | | | |
| | Building 30 East Beau S | Stroot | As of the date you file, the claim is: Ch | eck all that | | | |
| | งง ⊑ast beau ร Washington, P | | apply. | | | | |
| _ | Number, Street, City, St | | ☐ Contingent☐ Unliquidated | | | | |
| | variber, direct, dity, d | tate & Zip Code | ☐ Disputed | | | | |
| Who d | owes the debt? C | heck one. | Nature of lien. Check all that apply. | | | | |
| ■ Del | btor 1 only | | ☐ An agreement you made (such as mo | rtgage or s | secured | | |
| _ | btor 2 only | | car loan) | | | | |
| | btor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | |
| ☐ At I | east one of the deb | tors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Ch | eck if this claim re | lates to a | Other (including a right to offset) | udgmer | nt lien avoided in prior | BK by order of 6/1 | 4/2011. |
| co | mmunity debt | | _ | | | | |
| Date d | lebt was incurred | 12/9/08 | Last 4 digits of account numbe | r <u>2008</u> | B,DSB | | |
| | | | | | | | |
| | | | olumn A on this page. Write that numbe | r here: | \$33,616 | .65 | |
| | e that number here | | the dollar value totals from all pages. | | \$33,616 | .65 | |
| Part 2 | List Others to | o Be Notified fo | r a Debt That You Already Listed | | | | |
| trying than o | to collect from you | u for a debt you o | e notified about your bankruptcy for a d we to someone else, list the creditor in you listed in Part 1, list the additional c is page. | Part 1, and | d then list the collection age | ncy here. Similarly, if yo | u have more |
| | ., | | . 5 | | | | |
| Ш | Name, Number, Str KML Law Gro | up | | | hich line in Part 1 did you ent | | |
| | 701 Market Str Philadelphia. | | 00 | Last | 4 digits of account number | 2016,GD | |

| Cas | Se 10-23034-GET DOC. | Document Page 1: | 16160 11/07/10 11. 3 of 12 | 30.22 Desciviani |
|--------------------------------|---|---|-------------------------------------|---|
| Fill in this in | formation to identify your case: | DOCUMENT FACE 1 | 3 (1) 42 | |
| Debtor 1 | Gina M. Caromano | | | |
| Debior 1 | | ddle Name Last Name | | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name Mid | ddle Name Last Name | | |
| United States | Bankruptcy Court for the: WESTE | ERN DISTRICT OF PENNSYLVANIA | <u> </u> | |
| Case number | 16-23834 GLT | | | |
| (if known) | 10-23834 GL1 | | | ☐ Check if this is an |
| | | | | amended filing |
| Ω#: a: a l □ a | 100F/F | | | |
| | orm 106E/F | | | 40/45 |
| | E/F: Creditors Who Ha | | | 12/15 |
| left. Attach the name and case | editors Who Have Claims Secured by Pr Continuation Page to this page. If you h number (if known). at All of Your PRIORITY Unsecured | ave no information to report in a Part, o | | |
| | editors have priority unsecured claims a | | | |
| No. Go | • • | gamst you! | | |
| Yes. | to Fait 2. | | | |
| | st All of Your NONPRIORITY Unsec | urad Claims | | |
| | editors have nonpriority unsecured clair | | | |
| | u have nothing to report in this part. Submit | • | odulos | |
| | Thave nothing to report in this part. Submi | this form to the court with your other sche | cuiles. | |
| Yes. | | | | |
| unsecured | your nonpriority unsecured claims in the claim, list the creditor separately for each or reditor holds a particular claim, list the other security. | claim. For each claim listed, identify what t | ype of claim it is. Do not list cla | ims already included in Part 1. If more |
| | | | | Total claim |
| 4.1 Adva | anced Disposal | Last 4 digits of account number | 4514 | \$700.00 |
| • | iority Creditor's Name | When was the debt incurred? | | |
| _ | Box 266 McClellandtown Road | when was the dept incurred? | | |
| McC | lellandtown, PA 15458 | _ | | |
| | er Street City State ZIp Code | As of the date you file, the claim | s: Check all that apply | |
| _ | ncurred the debt? Check one. | | | |
| _ | ebtor 1 only | Contingent | | |
| | ebtor 2 only | ☐ Unliquidated | | |
| | ebtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | |
| | least one of the debtors and another | Student loans | a viuilli. | |
| debt | eck if this claim is for a community claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that | at you did not |
| ■ No | | Debts to pension or profit-sharing | g plans, and other similar debts | 3 |
| □Ye | 9 | Other Specify Garbage Se | ervice | |

Document Page 14 of 42 Debtor 1 Gina M. Caromano Case number (if know) 16-23834 GLT 4.2 Atlantic Broadband Last 4 digits of account number 6481 \$131.00 Nonpriority Creditor's Name 120 Southmont Boulevard When was the debt incurred? Opened 5/01/09 Johnstown, PA 15905-4291 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Cable television **Chestnut Ridge Counseling** 2845 \$200.00 4.3 Services, Inc. Last 4 digits of account number Nonpriority Creditor's Name 100 New Salem Road, Suite 116 When was the debt incurred? Opened 6/01/07 Uniontown, PA 15401 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical services** Other. Specify 4.4 \$1,228.00 **Discover** Last 4 digits of account number 2996 Nonpriority Creditor's Name Opened 9/01/94 Last Active P.O. Box 30943 When was the debt incurred? 1/15/09 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

Other. Specify purchases.

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Revolving line of credit used for consumer

Is the claim subject to offset?

Debtor 1 Gina M. Caromano

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Case number (if know) 16-23834 GLT

| Frick Tri-County Federal Credit Union | Last 4 digits of account number | 5001 | \$5,348.00 | | |
|---|---|--|------------|--|--|
| Nonpriority Creditor's Name 235 Pittsburgh Street Uniontown, PA 15401-2751 | When was the debt incurred? | Opened 1/01/08 Last Active 2/23/09 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| \square Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| ☐ Yes | ■ Other. Specify | e after repossession of 2003 our | | | |
| Frick Tri-County Federal Credit Union | Last 4 digits of account number | 5002 | \$2,709.00 | | |
| Nonpriority Creditor's Name 235 Pittsburgh Street Uniontown, PA 15401-2751 | When was the debt incurred? | Opened 11/01/07 Last Active 12/21/07 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| Yes | Other. Specify Personal Io | pan | | | |
| Laurel Medical Imaging Associates Nonpriority Creditor's Name | Last 4 digits of account number | 5472 | \$28.00 | | |
| 2 West Main Street-Suite 110 Uniontown, PA 15401-3450 | When was the debt incurred? | Opened 12/01/08 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| ☐ Yes | rvices | | | | |

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| Debtor ' | Gina M. Caromano | | Case number (if know) 16 | 6-23834 GLT | | | | |
|----------|--|---|-------------------------------------|---------------|--|--|--|--|
| 1.8 | PNC Bank | Last 4 digits of account number | | \$600.0 | | | | |
| | Nonpriority Creditor's Name | _ | | <u>-</u> | | | | |
| | P.O. Box 609 | When was the debt incurred? | | | | | | |
| | Pittsburgh, PA 15230-0609 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | • , | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt | ☐ Obligations arising out of a sep | aration agreement or divorce that v | you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | , | | | | | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | | | | | |
| | Yes | Other. Specify Overdrawn | n bank account | | | | | |
| 1.9 | Uniontown Hospital | Last 4 digits of account number | Various | \$172.0 | | | | |
| | Nonpriority Creditor's Name | | Various | <u>Ψ172.0</u> | | | | |
| | 500 West Berkeley Street Uniontown, PA 15401-5596 | When was the debt incurred? | Various | | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | aration agreement or divorce that y | ou did not | | | | |
| | ■ No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Medical se | rvices | | | | | |
| .1 | Verizon | Look 4 digito of account number | 1713 | \$353.0 | | | | |
| ' | Nonpriority Creditor's Name | Last 4 digits of account number | | | | | | |
| | Attn: Bankruptcy 3900 Washington Street | When was the debt incurred? | Opened 1/01/05 Last / 11/19/08 | Active | | | | |
| | Wilmington, DE 19802 Number Street City State Zlp Code | As of the date you file, the claim | is: Chack all that apply | | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | із. Спеск ан тат арріу | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | debt Is the claim subject to offset? | | | | | | | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | | | | | |
| | □ Yes | Other. Specify Telephone | service | | | | | |
| | | | | | | | | |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Colonial Acceptance

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F

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| Ciria ini Caromano | | 10 2000 + OL1 | | | | |
|---|--|---|--|--|--|--|
| 312 Fallowfield Avenue Charleroi, PA 15022 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Name and Address | On which entry in Part 1 or Part | 2 did you list the original creditor? | | | | |
| Credit Protection Association | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| P.O. Box 802068 Dallas, TX 75380-2068 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| , | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | |
| Diversified Collections, Inc. | Line 4.7 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 1165 Garden Street P.O. Box 200 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Greensburg, PA 15601 | | | | | | |
| 3, | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part | 2 did you list the original creditor? | | | | |
| Penn Credit Corporation | Line 4.9 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 916 14th Place | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| P.O. Box 988 Harrisburg, PA 17108-0988 | | | | | | |
| Tarriodaly, I A II 100 0000 | Last 4 digits of account number | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Т | otal Claim |
|--------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | T | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 11,469.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 11,469.00 |

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| Fill in this infor | Fill in this information to identify your case: | | | | | | |
|---------------------|---|--------------------|----------------|-----------------------|--|--|--|
| Debtor 1 | Gina M. Caroman | 10 | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT C | F PENNSYLVANIA | | | | |
| Case number | 16-23834 GLT | | | | | | |
| (if known) | | | | ☐ Check if this is an | | | |
| | | | | amended filing | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have the r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Otato | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | Oity | | Olato | Zii Godo | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | City | | State | ZIF Code | |
| 0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |

| | A30 10 2000+ OE1 | Docume | nt Page 19 c | of 42 | LE DOSS Main |
|------------------------------|--|--|--|---|---|
| Fill in this | information to identify your | | | | |
| Debtor 1 | Gina M. Caromar | 10 | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | WESTERN DISTRICT O | OF PENNSYLVANIA | | |
| Case num (if known) | ber 16-23834 GLT | | | | ☐ Check if this is an amended filing |
| | l Form 106H Iule H: Your Cod | ebtors | | | 12/15 |
| people are ill it out, a | are people or entities who a filing together, both are equ and number the entries in the and case number (if known) | ally responsible for supp boxes on the left. Attach | olying correct informat the Additional Page t | ion. If more space is need | led, copy the Additional Page, |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No □ Yes | 6 | | | | |
| | hin the last 8 years, have you na, California, Idaho, Louisiana | | | | ates and territories include |
| | Go to line 3. s. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| in line Form | e 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed the c | ith you. List the person shown creditor on Schedule D (Official nedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The credit Check all schedules the | or to whom you owe the debt nat apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your ca | ase: | | | | I | | | |
|--------------------|---|-------------------------------|---|-----------------------|----------------|--|---------------------------|--------------------------------|-----------------|
| | otor 1 Gina M. Care | | | | | | | | |
| _ | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : WESTERN DISTRICT | Γ OF PENNSYLVANIA | 4 | _ | | | | |
| | se number 16-23834 GLT | | - | | | Check if this is: An amende A supplement | d filing ent showing | | chapter |
| \bigcirc | fficial Form 106I | | | | | | | ollowing date: | |
| | chedule I: Your Inc | ome | | | | MM / DD/ Y | YYY | | 12/15 |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. It 1: | are married and not filing wi | ng jointly, and your s ith you, do not inclu | spouse i de inforr | s liv natio | ing with you, incloon about your spo | ude inforn ouse. If mo | nation about ore space is i | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, | | ■ Employed | | | ☐ Emplo | | mig openee | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed | | | mployed | | |
| | employers. | Occupation | X-Ray tech, sec | retary | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Mitchell Orthopo | edic | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 180 North Galla Uniontown, PA | | nue | | | | |
| | | How long employed to | here? <u>1 1/2 ye</u> | ars | | | | | |
| Par | t 2: Give Details About Mor | thly Income | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any I | line, write \$0 in the | space. Inc | clude your nor | n-filing |
| , | u or your non-filing spouse have mo e space, attach a separate sheet to | . , , | ombine the information | n for all e | mplo | oyers for that perso | n on the li | nes below. If y | ou need |
| | | | | | | For Debtor 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, or | | | 2. | \$ | 1,750.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 1,750.00 | \$ | N/A_ | |
| | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1 | Gina M. Caromano | | С | ase number (if known) | 16-238 | 334 G | LT | |
|-----|---------------------------------|---|----------|-----|-----------------------|--------|---------------|----------------|--------------------|
| | | | | | For Debtor 1 | | ebtor : | 2 or pouse | |
| | Cop | y line 4 here | 4. | - | \$ 1,750.00 | \$ | 9 0 | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | _ |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ 304.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | \$ 0.00 | \$ | | N/A | |
| | 5e. | Insurance | 5e. | | \$ 0.00 | \$ | | N/A | <u>\</u> |
| | 5f. | Domestic support obligations | 5f. | | \$ 0.00 | \$ | | N/A | <u>\</u> |
| | 5g. | Union dues | 5g. | | \$0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h. | + | \$0.00 | + \$ | | N/A | <u>\</u> |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 5 | | \$ | | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 5 | 1,446.00 | \$ | | N/A | <u>\</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | | \$ 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | | \$ 0.00 | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | \$ 430.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | | \$ 0.00 | \$ | | N/A | <u>\</u> |
| | 8e. | Social Security | 8e. | | \$ | \$ | | N/A | <u>\</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | | \$ 0.00 | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: Net income from French Cleaners | _ 8h. | + | \$ 335.00 | + \$ | | N/A | <u>\</u> |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 765.00 | \$ | | N/ | Ά. |
| | | | | | | | $\overline{}$ | | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | \$_ | 2,211.00 + \$ | | N/A | = \$ _ | 2,211.00 |
| 11. | State Included the other Double | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | deper | | ., | • | hedule 11. | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | 12. | \$ | 2,211.00 |
| 12 | Do. | you expect an increase or decrease within the year ofter you file this form | 2 | | | | L | Combi month | ined Ily income |
| 13. | | you expect an increase or decrease within the year after you file this form' No. Yes. Explain: | • | | | | | | |

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| | '- (b'- '- (| Contact description | | | | 1 | | | | |
|-------------------|--|--|--|--|---|--------------|-----------|--------------------|--|-------|
| FIII | in this informa | tion to identify yo | our case: | | | | | | | |
| Deb | tor 1 | Gina M. Card | omano | | | Ch | eck if th | nis is: | | |
| D-1- | 40 | | | | | | | mended filing | | |
| | otor 2 ouse, if filing) | | | | | | | | ving postpetition cha the following date: | apter |
| (- - | ,g, | | | | | | | <u> </u> | | |
| Unit | ed States Bankr | uptcy Court for the | : WESTE | ERN DISTRICT OF PENN | ISYLVANIA | | MM / | DD / YYYY | | |
| Cas | e number 16 | 6-23834 GLT | | | | | | | | |
| (If kı | nown) | | | | | | | | | |
| Oi | fficial Fo | rm 106J | | | | 1 | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | | | 12/15 |
| Be info nur | as complete a ormation. If m mber (if know | and accurate as lore space is ne n). Answer evel | s possible eded, atta ry questio | . If two married people a ch another sheet to this | | | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House | ehold | | | | | | | |
| ١. | | | | | | | | | | |
| | ■ No. Go to | | in a sonar | ate household? | | | | | | |
| | | | iii a sepai | ate nousenoid: | | | | | | |
| | | - | et file Offici | al Form 106J-2, Expense | s for Senarate House | ahold of De | ahtor 2 | | | |
| | | | | ari omi 1005-2, <i>Expense</i> | s for Separate Flouse | eriola di De | 50101 2. | | | |
| 2. | Do you have | e dependents? | ☐ No | | | | | | | |
| | Do not list Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | | Dependent's ige | Does dependent live with you? | ı |
| | Do not state | the | | | | | | | □ No | ı |
| | dependents | | | | Daughter | | 1 | 3 | ■ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No □ Yes | |
| 3. | expenses of | oenses include f people other t d your depende | han $_{oldsymbol{\sqcap}}$ | No Yes | | | | | □ res | |
| Par | t 2: Estim | ate Your Ongoi | na Monthi | v Fynenses | | | | | | |
| Est exp | imate your ex | cpenses as of y | our bankr | uptcy filing date unless y is filed. If this is a sup | | | | | | |
| | | | | government assistance | | | | | | |
| | value of sucl ficial Form 10 | | d have inc | cluded it on Schedule I: | Your Income | | | Your expe | enses | |
| • | | • | | | | | | | | |
| 4. | | or home owners and any rent for th | | ses for your residence. r lot. | Include first mortgage | e 4. | \$ | | 0.00 | |
| | If not includ | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | : — | | 0.00 | |
| | | | | ıpkeep expenses | | 4c. | | | 50.00 | |
| _ | | owner's associat | | | | 4d. | | | 0.00 | |
| 5. | Additional r | nortgage paym | ents for yo | our residence , such as h | ome equity loans | 5. | Ф | | 0.00 | |

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| Debtor 1 | Gina M. Caromano | Case numb | er (if known) | 16-23834 GLT |
|--------------------------|---|---------------|-----------------|----------------------------|
| 2 114:11:4 | lian. | | | |
| 6. Utili 1 6a. | tles: Electricity, heat, natural gas | 6a. | \$ | 175.00 |
| 6b. | Water, sewer, garbage collection | | \$ | 125.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | | |
| | | | | 120.00 |
| 6d. | Other. Specify: | 6d. | | 0.00 |
| | d and housekeeping supplies | | \$ | 500.00 |
| _ | dcare and children's education costs | | \$ | 185.00 |
| Clot | hing, laundry, and dry cleaning | 9. | \$ | 50.00 |
|). Pers | onal care products and services | 10. | \$ | 50.00 |
| . Med | ical and dental expenses | 11. | \$ | 50.00 |
| | sportation. Include gas, maintenance, bus or train fare. | 40 | Φ | 200.00 |
| | ot include car payments. | 12. | | |
| | ertainment, clubs, recreation, newspapers, magazines, and books | | \$ | 0.00 |
| l. Chai | ritable contributions and religious donations | 14. | \$ | 20.00 |
| 5. Insu | | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | | 0.00 |
| 15b. | Health insurance | 15b. | \$ | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 65.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| . Taxe | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spec | | 16. | \$ | 0.00 |
| | allment or lease payments: | | • | |
| | Car payments for Vehicle 1 | 17a. | · | 0.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: Orthodontic payment | 17c. | \$ | 70.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| | r payments of alimony, maintenance, and support that you did not report as | | Ф. | 0.00 |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106l). | 18. | | |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | | 19. | _ | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sche | | | 2.22 |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| . Othe | er: Specify: | 21. | +\$ | 0.00 |
| 0-1- | | | | |
| | rulate your monthly expenses | | c | 4 000 05 |
| | Add lines 4 through 21. | | \$ | 1,660.00 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,660.00 |
| }. Calc | ulate your monthly net income. | L | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2 244 00 |
| | , , | | <u></u> | 2,211.00 |
| ۷۵۵. | Copy your monthly expenses from line 22c above. | 23b. | -φ | 1,660.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 551.00 |
| | | | | <u> </u> |
| | your expect an increase or decrease in your expenses within the year after your | | | one or degrees hassure - |
| | xample, do you expect to finish paying for your car loan within the year or do you expect your fication to the terms of your mortgage? | i inortgage p | ayment to incre | ease or decrease decause o |
| | , , , | | | |
| ■ N | | | | |
| \square Y | es. Explain here: | | | |

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| Fill in this inf | formation to identify your | case: | | | |
|--|---|--|--------------------|--|--|
| Debtor 1 | Gina M. Caroman | 0 | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | WESTERN DISTRICT (| OF PENNSYLVAN | IA | |
| Case number | 16-23834 GLT | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| f two married You must file obtaining mo | | r, both are equally respo le bankruptcy schedules n connection with a banl | nsible for supplyi | ing correct information. ledules. Making a false si | tatement, concealing property, or 0,000, or imprisonment for up to 20 |
| S | Sign Below | | | | |
| Did you ■ No | pay or agree to pay some | one who is NOT an attor | ney to help you f | ill out bankruptcy forms? | ? |
| ☐ Yes | s. Name of person | | | | Pankruptcy Petition Preparer's Notice, ion, and Signature (Official Form 119) |
| | enalty of perjury, I declare are true and correct. | that I have read the sum | mary and schedu | lles filed with this declar | ation and |
| X /s/ G | Sina M. Caromano | | x | | |
| | a M. Caromano ature of Debtor 1 | | Signa | ature of Debtor 2 | |
| Date | November 2, 2016 | | Date | | |

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| Fill | in this inform | ation to identify you | case: | | | | | |
|--------------------|---|--|---|---|--|------------------------------------|--|--|
| Del | otor 1 | Gina M. Caroma | Middle Name | Last Name | | | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | | |
| Uni | ted States Ban | kruptcy Court for the: | WESTERN DISTRICT O | F PENNSYLVANIA | | | | |
| Cas | se number 10 | 6-23834 GLT | | | | | | |
| | nown) | 0-23634 GL1 | | | _ | heck if this is an mended filing | | |
| ∩f | ficial For | m 107 | | | | | | |
| | | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/16 | | |
| info num | rmation. If monber (if known) | ore space is needed,). Answer every ques | attach a separate sheet to stion. | this form. On the top of any | equally responsible for sup y additional pages, write you | | | |
| Par | - | etails About Your Ma | rital Status and Where You | u Lived Before | | | | |
| | ☐ Married ■ Not marri | | 3: | | | | | |
| 2 | | | lived anywhere other than | where you live new? | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | |
| | ■ No □ Yes. List | all of the places you li | ved in the last 3 years. Do n | ot include where you live now | <i>i</i> . | | | |
| | Debtor 1 Price | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Mak | ce sure you fill out Sch | nedule H: Your Codebtors (O | official Form 106H). | | | | |
| Par | t 2 Explain | the Sources of You | r Income | | | | | |
| 4. | Fill in the total | amount of income you | u received from all jobs and | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? | | |
| | □ No ■ Yes. Fill i | in the details. | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and | Sources of income Check all that apply. | Gross income (before deductions | | |
| | | | oncor an mat apply. | exclusions) | Shook all that apply. | and exclusions) | | |
| | | of current year until for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$15,620.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | |

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Debtor 1 Gina M. Caromano

| | | | | Debtor 1 | | Debtor 2 | | |
|---|--|---|--|--|---|---|-------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2015) | | ■ Wages, commissions, bonuses, tips | \$16,689.00 | ☐ Wages, comm bonuses, tips | nissions, | | | |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| | | lar year befo December 3 | | ■ Wages, commissions, bonuses, tips | \$10,828.00 | ☐ Wages, commo | nissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| 5. | Include includ | ome regardle oublic benefit f you are filin | ess of wheth payments; g a joint cas e gross inco | er that income is taxable. Ex pensions; rental income; inte e and you have income that | o previous calendar years? amples of other income are a rest; dividends; money collec you received together, list it o ately. Do not include income the | ted from lawsuits; ronly once under Deb | oyalties; an otor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | me | Gross income (before deductions and exclusions) |
| | | 1 of current iled for bank | | Child support | \$4,300.00 | | | |
| | r last calend nuary 1 to l | dar year: December 3 | 1, 2015) | Child support | \$5,148.00 | | | |
| | | lar year befo December 3 | | Child support | \$5,148.00 | | | |
| Pa | rt 3: List | Certain Pav | ments You | Made Before You Filed for | Bankruptcv | | | |
| 6. | Are either | Debtor 1's o | or Debtor 2 | s debts primarily consume | er debts? umer debts. Consumer debts | s are defined in 11 l | J.S.C. § 10 | 1(8) as "incurred by an |
| | | – ~ | 0 days befo | , | id you pay any creditor a tota | l of \$6,425* or more | ? | |
| | | ☐ Yes | List below e | each creditor to whom you pa | id a total of \$6,425* or more i | | | |
| | | | not include | payments to an attorney for t | nts for domestic support oblig this bankruptcy case. rs after that for cases filed on | | | |
| | Yes. | Debtor 1 or | Debtor 2 o | r both have primarily cons | umer debts. | | , | |
| | | _ | 0 days befo | re you filed for bankruptcy, d | id you pay any creditor a tota | I of \$600 or more? | | |
| | | No. | Go to line 7 | | | | | |
| | | | include pay | | id a total of \$600 or more and bligations, such as child supp | | | |
| | Creditor's | s Name and | Address | Dates of payme | ent Total amount paid | Amount you still owe | Was this | payment for |

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Debtor 1 Gina M. Caromano

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. | | | | | | | |
|-----|---|-------------------------|--------------------|----------------------|--|------------------------------------|--|--|
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi No Yes. List all payments to an insider | igned by an insider. | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credit | t his payment tor's name | | |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title Case number PNC Bank vs Gina M. Caromano a/k/a Gina Caromano No. 784 of 2016, G.D. | | | | | | | |
| | | Uniontown, PA | | A 15401 | Complaint filed and served. Sheriff sale scheduled for 10/13/16. | | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, | oreclosed, garnis | hed, attached | , seized, or levied? | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the | | |
| | Explain what happened property | | | | | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. | | uding a bank or fi | nancial institution | , set off any a | mounts from your | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taken | action was | Amount | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No ■ Yes | | rty in the possess | ion of an assigne | e for the bene | fit of creditors, a | | |

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| Pai | t 5: List Certain Gifts and Contribution | ns | | | | | | | | |
|-----|---|-------|--|-----------------------------------|---------------------------|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | | | |
| | Gifts with a total value of more than \$60 per person | 00 | Describe the gifts | Dates you gave the gifts | Value | | | | | |
| | Person to Whom You Gave the Gift and Address: | i | | | | | | | | |
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or | | r, did you give any gifts or contributions with a tota | Il value of more than | \$600 to any charity? | | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total | Describe what you contributed | Dates you contributed | Value | | | | | |
| Pai | t 6: List Certain Losses | | | | | | | | | |
| | or gambling? ■ No □ Yes. Fill in the details. Describe the property you lost and how the loss occurred | | cribe any insurance coverage for the loss de the amount that insurance has paid. List pending | Date of your loss | Value of property lost | | | | | |
| | tt 7: List Certain Payments or Transfer | insur | ance claims on line 33 of Schedule A/B: Property. | | | | | | | |
| 16. | consulted about seeking bankruptcy or | prepa | did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services required | | rty to anyone you | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |
| | Zebley Mehalov & White, P.C. P.O. Box 2123 Uniontown, PA 15401 | | \$1,500 | 3/2/16 | \$1,500.00 | | | | | |
| | InCharge Education Foundation 2101 Park Center Drive Suite 310 Orlando, FL 32835 | | \$25 | 10/3/16 | \$25.00 | | | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |

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Debtor 1 Gina M. Caromano

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | |
|-----|--|--|-------------------|-----------------------|---|---|--|--|
| | Person Who Received Transfer Address | Description and property transfer | | payme | ibe any property or ents received or debts n exchange | Date transfer was made | | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No ✓ Yes. Fill in the details. | ptcy, did you transfer any property to a self-settled trust or similar device otection devices.) | | | | f which you are a | | |
| | Name of trust | Description and | value of the prop | perty trans | ferred | Date Transfer was | | |
| | | | | | | made | | |
| Par | List of Certain Financial Accounts, Instru | uments, Safe Deposi | t Boxes, and St | orage Unit | s | | | |
| 20. | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? | • | | | | , , | | |
| | Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | | ast 4 digits of ccount number | Type of accou | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? No Yes. Fill in the details. | r before you filed fo | r bankruptcy, ar | ny safe dep | osit box or other deposit | ory for securities, | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or p | place other than you | r home within 1 | year befor | e you filed for bankruptcy | 7? | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe the contents | | Do you still have it? | | |
| Par | t 9: Identify Property You Hold or Control for | r Someone Else | | | | | | |
| | Do you hold or control any property that some for someone. | | ude any propert | y you borr | owed from, are storing fo | r, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | (Number, Street, City, State and ZIP | | Describe the property | | Value | | |
| | | Code) | | | | | | |
| | tt 10: Give Details About Environmental Inform | | | | | | | |
| ror | the purpose of Part 10, the following definitions | s арріу: | | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

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Debtor 1 Gina M. Caromano

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| hazardous material, pollutant, contaminant, or similar term. | | | | | | | |
|--|---|---|---|---|--|--|--|
| Report all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | | |
| Has | any governmental unit notified you that | you may be liable or potentially liable | und | ler or in violation of an environme | ntal law? | | |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| Hav | re you notified any governmental unit of | any release of hazardous material? | | | | | |
| ■ No □ Yes. Fill in the details. | | | | | | | |
| | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| Hav | re you been a party in any judicial or adm | ninistrative proceeding under any envi | ronr | mental law? Include settlements a | nd orders. | | |
| ■ No □ Yes. Fill in the details. | | | | | | | |
| | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | |
| t 11: | Give Details About Your Business or (| Connections to Any Business | | | | | |
| | _ | - | v of | the following connections to any | husiness? | | |
| •••• | | | • | | 540555 | | |
| | _ | | | • | | | |
| | | | • • | , | | | |
| | _ | ecutive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | | | |
| | No. None of the above applies. Go to P | art 12. | | | | | |
| | • • | | S. | | | | |
| | | Describe the nature of the business | | | | | |
| | | Name of accountant or bookkeeper | | Do not include Social Security number or ITIN. | | | |
| Dates business existed | | | | | | | |
| | | cy, did you give a financial statement f | to ar | nyone about your business? Inclu | de all financial | | |
| | No | | | | | | |
| | Yes. Fill in the details below. | Deta la const | | | | | |
| Address (Number, Street, City, State and ZIP Code) | | | | | | | |
| | Ort a Hase Na Add Have Ca Ca Wittinst Na Add | As any governmental unit notified you that No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of a No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or adm No Yes. Fill in the details. Case Title Case Number Case Number A sole proprietor or self-employed in A member of a limited liability companies or a limited liability companies or a least 5% of the voting No. None of the above applies. Go to P Yes. Check all that apply above and fill Business Name Address (Number, Street, City, State and ZIP Code) Within 2 years before you filed for bankrupte in the details below. No Yes. Fill in the details below. Name Address Name Address No Yes. Fill in the details below. Name Address | ort all notices, releases, and proceedings that you know about, regardless of wher Has any governmental unit notified you that you may be liable or potentially liable. No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued | ort all notices, releases, and proceedings that you know about, regardless of when the Has any governmental unit notified you that you may be liable or potentially liable und No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any environs Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any environs No Yes. Fill in the details. Case Title Case Number Site Address (Number, Street, City, State and ZIP Code) 111: Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of A normal Address (Number of a limited liability company (LLC) or limited liability partnership (L A partner in a partnership and any of the voting or equity securities of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued | ort all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental way and the process of the process o | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 16-23834-GLT Doc 16 Filed 11/07/16 Entered 11/07/16 11:30:22 Desc Main Document Page 31 of 42

Debtor 1 Gina M. Caromano Case number (if known) 16-23834 GLT

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Gina M. Caromano
Gina M. Caromano
Signature of Debtor 2

Date November 2, 2016

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No
□ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Nο

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this information to identify your case: | | | | | | |
|---|--|--|--|--|--|--|
| Debtor 1 | Gina M. Caromano | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | |
| United States B | Sankruptcy Court for the: Western District of Pennsylvania | | | | | |
| Case number (if known) | 16-23834 GLT | | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | |
|-------|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| uuuit | ional pages, write your name and oase number (ii r | | | | | | | |
|--|---|----------------------------|------------------------|--------------------------------------|------------------------|-------------------|---|-----------------------|
| Part | 1: Calculate Your Average Monthly Income | | | | | | | |
| 1. | What is your marital and filing status? Check one of | nly. | | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | ☐ Married. Fill out both Columns A and B, lines 2-11. | | | | | | | |
| 10 th | Il in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-te 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that | month per al by 6. Fill | iod would in the re | be March 1 throusult. Do not include | igh Augu le any ind | st 31. If the amo | ount of your monthly income ore than once. For example, | varied during if both |
| | | | | | Columi Debtor | | Column B Debtor 2 or non-filing spouse | |
| 2. | 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | | | | \$ | 1,802.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | e paymei | nts from | a spouse if | \$ | 0.00 | \$ | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | | | | r contributions nts, parents, | \$ | 430.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debtor | 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | Debtor | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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16-23834 GLT

Gina M. Caromano Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 2.232.00 2,232.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 2,232.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 2,232.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 2,232.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 26,784.00 15b. The result is your current monthly income for the year for this part of the form.

Debtor 1

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Gina M. Caromano 16-23834 GLT Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. PΑ 16b. Fill in the number of people in your household. 2 16c. Fill in the median family income for your state and size of household. 58.256.00 \$ To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. 2,232.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 2,232.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 2,232.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 \$ 26,784.00 20b. The result is your current monthly income for the year for this part of the form 58,256.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Gina M. Caromano Gina M. Caromano Signature of Debtor 1 Date November 2, 2016 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1 Gina M. Caromano

Case number (if known)

16-23834 GLT

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2016 to 09/30/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: French Cleaners

Income by Month:

| 6 Months Ago: | 04/2016 | \$0.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 05/2016 | \$238.00 |
| 4 Months Ago: | 06/2016 | \$0.00 |
| 3 Months Ago: | 07/2016 | \$422.00 |
| 2 Months Ago: | 08/2016 | \$454.00 |
| Last Month: | 09/2016 | \$388.00 |
| | Average per month: | \$250.33 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Mitchell Orthopedic Associates

Income by Month:

| 6 Months Ago: | 04/2016 | \$842.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 05/2016 | \$1,225.00 |
| 4 Months Ago: | 06/2016 | \$1,350.00 |
| 3 Months Ago: | 07/2016 | \$2,100.00 |
| 2 Months Ago: | 08/2016 | \$1,956.00 |
| Last Month: | 09/2016 | \$1,837.00 |
| | Average per month: | \$1,551.67 |

Line 4 & 40 - Child support income (including foster care and disability)

Source of Income: Child support

Income by Month:

| 6 Months Ago: | 04/2016 | \$430.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 05/2016 | \$430.00 |
| 4 Months Ago: | 06/2016 | \$430.00 |
| 3 Months Ago: | 07/2016 | \$430.00 |
| 2 Months Ago: | 08/2016 | \$430.00 |
| Last Month: | 09/2016 | \$430.00 |
| | Average per month: | \$430.00 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|------------|---|--------------------|--|
| \$24 | 5 | filing fee | |
| \$7 | 5 | administrative fee | |
| + \$1 | 5 | trustee surcharge | |
| \$33 | 5 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing tee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-23834-GLT Doc 16 Filed 11/07/16 Entered 11/07/16 11:30:22 Desc Main Page 40 of 42 Document

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| In re | Gina M. Caromano | Case No. | 16-23834 GLT | |
|-------|-------------------------------------|------------|--------------|--|
| | Debtor(s) | Chapter | 13 | |
| | | | | |
| | DISCLOSURE OF COMPENSATION OF ATTOR | NEV FOR DE | RTOR(S) | |

| | Debtor(s) Chapter 13 |
|----|--|
| | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |
| | For legal services, I have agreed to accept \$ 4,000.00 |
| | Prior to the filing of this statement I have received \$ 1,000.00 |
| | Balance Due \$ 3,000.00 |
| 2. | \$310.00 of the filing fee has been paid. |
| 3. | The source of the compensation paid to me was: |
| | ■ Debtor □ Other (specify): |
| 4. | The source of compensation to be paid to me is: |
| | ■ Debtor □ Other (specify): |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] In Chapter 7 cases: consultations; attending meeting of creditors; negotiations and telephone calls with client and client's creditors; preparation and filing of schedules; uncontested motions not requiring a court appearance; correspondence with client and client's creditors; negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. |
| | In Chapter 13 cases: consultations; negotiating with creditors; preparing and filing schedules and plan of repayment; telephone calls and correspondence; attending trustee hearings and bankruptcy court hearings; preparing and prosecuting adversary actions; defending against credior litigation; reviewing and objecting to |

creditors' claims; responding to Trustee's notice of default; and amending plans and schedules up to the hourly equivalent of the approved "no look" fee. All time spent beyond the "no look" fee will be billed at \$250/hour, or the then-prevailing hourly rate when the work is performed, subject to court approval.

By agreement with the debtor(s), the above-disclosed fee does not include the following service: 7.

In Chapter 7 cases: representation in any dischargeability action, judicial lien avoidance or relief from stay action; court appearances or any adversary proceeding; fees and costs for amending schedules; responding to a United States Trustee audit; preparing and filing reaffirmation agreements; having the Bankruptcy Court excuse failure to complete Financial Education Course on time; defending discharge actions, contested judicial lien avoidances or relief from stay actions; redemption actions; defending US Trustee's action to dismiss or convert case to another chapter; re-opening case once it has closed; travel to Bankruptcy Court in Pittsburgh; defending Trustee's objections to exemptions; state court matters; bankruptcy issues arising after case closes; clearing errors on credit report; or matters unrelated to bankruptcy. ZMW will charge separately for these matters after first discussing them with client.

In Chapter 13 cases: all costs associated with the bankruptcy; fees and costs for converting and completing case under another chapter; re-opening case after closed; state court proceedings, including foreclosure and/or creditor lawsuits; fees and costs related to post-petition employment of professionals, approval of lawsuit settlement, financing and/or sale of real estate; and any matters unrelated to bankruptcy. Such additional fees

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| In re | Gina M. Caromano | Case No. | 16-23834 GLT | |
|-------|------------------|----------|--------------|--|
| | Debtor(s) | | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

and costs are client's responsibility. Additional costs incurred beyond the basic initial expense charge must be approved by the Court and will be calculated into the plan following Court approval.

| | CERTIFICATION |
|---|---|
| I certify that the foregoing is a complete stater this bankruptcy proceeding. | ment of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| November 2, 2016 | /s/ Daniel R. White |
| Date | Daniel R. White 78718 |
| | Signature of Attorney |
| | Zebley Mehalov & White, P.C. |
| | P.O. Box 2123 |
| | Uniontown, PA 15401 |
| | 724-439-9200 Fax: 724-439-8435 |
| | COZ@ZebLaw.com OR dwhite@Zeblaw.com |
| | Name of law firm |

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United States Bankruptcy Court Western District of Pennsylvania

| Case No. | 16-23834 GLT |
|----------|--------------|
| Chapter | 13 |
| | |

| VERIFICATION OF CREDITOR MATRIX The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge | | | | |
|--|--|---------------------|--|--|
| | | | | |
| | | Signature of Debtor | | |